



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 14-00241-128**

**Community Based Outpatient Clinic  
and Primary Care Clinic Reviews  
at  
El Paso VA Health Care System  
El Paso, Texas**

**April 24, 2014**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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## **Glossary**

AUD	alcohol use disorder
CBOC	community based outpatient clinic
DWHP	designated women's health provider
EHR	electronic health record
EOC	environment of care
FY	fiscal year
MM	medication management
NM	not met
OIG	Office of Inspector General
PACT	Patient Aligned Care Teams
PCC	primary care clinic
PCP	primary care provider
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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## Executive Summary

**Review Purpose:** The purpose of the review was to evaluate selected patient care activities to determine whether the community based outpatient clinics (CBOCs) and primary care clinics (PCCs) provide safe, consistent, and high-quality health care for our veterans. We conducted a site visit during the week of March 3, 2014, at the Eastside El Paso CBOC, El Paso, TX, which is under the oversight of the El Paso VA Health Care System and Veterans Integrated Service Network 18.

**Review Results:** We conducted four focused reviews and had no findings for the Designated Women's Health Providers' Proficiency review. However, we made recommendations in the following three review areas:

Environment of Care. Ensure that:

- The external signage clearly identifies the building as a VA CBOC at the Eastside El Paso CBOC.
- The testing of the panic alarm system is documented at the Eastside El Paso CBOC.

Alcohol Use Disorder. Ensure that CBOC/PCC:

- Staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.
- Staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Medication Management. Ensure that CBOC/PCC staff:

- Complete and document medication reconciliation at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
- Consistently provide written medication information that includes the fluoroquinolone.
- Provide medication counseling/education that includes the fluoroquinolone.
- Document the evaluation of patient's level of understanding for the medication education.

## Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 14-18, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

A handwritten signature in black ink, reading "John D. Daigh, Jr., M.D." in a cursive script.

JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## **Objectives, Scope, and Methodology**

### **Objectives**

The CBOC and PCC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and PCC reviews are recurring evaluations of selected primary care operations that focus on patient care quality and the EOC. In general, our objectives are to:

- Determine whether the CBOCs are compliant with EOC requirements.
- Determine whether CBOCs/PCCs are compliant with VHA requirements in the care of patients with AUD.
- Determine compliance with requirements for the clinical oversight and patient education of fluoroquinolones for outpatients.
- Evaluate if processes are in place for DWHPs to maintain proficiency in WH.

### **Scope**

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted an onsite inspection, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- MM
- DWHP Proficiency

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention that are outside the scope of this standardized inspection will be reviewed and referred accordingly.

### **Methodology**

The onsite EOC inspection was only conducted at a randomly selected CBOC that had not been previously inspected.<sup>a</sup> Details of the targeted study populations for the AUD, MM, and DWHP Proficiency focused reviews are noted in Table 1.

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<sup>a</sup> Includes 93 CBOCs in operation before March 31, 2013.

**Table 1. CBOC/PCC Focused Reviews and Study Populations**

<b>Review Topic</b>	<b>Study Population</b>
AUD	All CBOC and PCC patients screened within the study period of July 1, 2012, through June 30, 2013, and who had a positive AUDIT-C score <sup>b</sup> and all providers and RN Care Managers assigned to PACT prior to October 1, 2012.
MM	All outpatients with an original prescription ordered for one of the three selected fluoroquinolones from July 1, 2012, through June 30, 2013.
DWHP Proficiencies	All WH PCPs designated as DWHPs as of October 1, 2012, and who remained as DWHPs until September 30, 2013.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was done in accordance with OIG standard operating procedures for CBOC and PCC reviews.

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<sup>b</sup> The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.



## Results and Recommendations

### EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.<sup>1</sup>

We reviewed relevant documents and conducted a physical inspection of the Eastside El Paso CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 2. EOC**

NM	Areas Reviewed	Findings
X	The CBOC's location is clearly identifiable from the street as a VA CBOC.	The Eastside El Paso CBOC's location was clearly not identifiable from the street as a VA CBOC by the address provided by the parent facility.
	The CBOC has interior signage available that clearly identifies the route to and location of the clinic entrance.	
	The CBOC is Americans with Disabilities Act accessible.	
	The furnishings are clean and in good repair.	
	The CBOC is clean.	
	The CBOC maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.	
X	An alarm system and/or panic buttons are installed and tested in high-risk areas.	Testing of the alarm/panic buttons at the Eastside El Paso CBOC was not documented.
	Alcohol hand wash or soap dispenser and sink are available in the examination rooms.	
	Sharps containers are secured.	
	Safety needle devices are available.	
	The CBOC has a separate storage room for storing medical (infectious) waste.	
	The CBOC conducts fire drills at least every 12 months.	
	Means of egress from the building are unobstructed.	
	Access to fire alarm pull stations is unobstructed.	
	Access to fire extinguishers is unobstructed.	
	The CBOC has signs identifying the locations of fire extinguishers.	
	Exit signs are visible from any direction.	
	No expired medications were noted during the onsite visit.	

NM	Areas Reviewed (continued)	Findings
	All medications are secured from unauthorized access.	
	Personally identifiable information is protected on laboratory specimens during transport so that patient privacy is maintained.	
	Adequate privacy is provided to patients in examination rooms.	
	Documents containing personally identifiable information are not laying around, visible, or unsecured.	
	Window coverings provide privacy.	
	The CBOC has a designated examination room for women veterans.	
	Adequate privacy is provided to women veterans in the examination room.	
	The information technology network room/server closet is locked.	
	All computer screens are locked when not in use.	
	Staff use privacy screens on monitors to prevent unauthorized viewing in high-traffic areas.	
	EOC rounds are conducted semi-annually (at least twice in a 12-month period) and deficiencies are reported to and tracked by the EOC Committee until resolution.	
	The CBOC has an automated external defibrillator.	
	Safety inspections are performed on the CBOC medical equipment in accordance with Joint Commission standards.	
	The parent facility includes the CBOC in required education, training, planning, and participation leading up to the annual disaster exercise.	
	The parent facility's Emergency Management Committee evaluates CBOC emergency preparedness activities, participation in annual disaster exercise, and staff training/education relating to emergency preparedness requirements.	

## Recommendations

1. We recommended that external signage clearly identifies the building as a VA CBOC at the Eastside El Paso CBOC.
2. We recommended that testing of the panic alarm system is documented at the Eastside El Paso CBOC.

## AUD

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected alcohol use screening and treatment requirements.<sup>2</sup>

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. AUD**

NM	Areas Reviewed	Findings
	Alcohol use screenings are completed during new patient encounters, and at least annually.	
	Diagnostic assessments are completed for patients with a positive alcohol screen.	
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.	
X	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.	We did not find documentation of the offer of further treatment for three of eight patients diagnosed with alcohol dependence.
X	For patients with AUD who decline referral to specialty care, CBOC/PCC staff monitored them and their alcohol use.	CBOC/PCC staff did not monitor the alcohol use for two of three patients who declined referral to specialty care.
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.	
	CBOC/PCC RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	
	CBOC/PCC RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	
	The facility complied with any additional elements required by VHA or local policy.	

## Recommendations

**3.** We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

**4.** We recommended that CBOC/Primary Care Clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

**MM**

The purpose of this review was to determine whether appropriate clinical oversight and education were provided to outpatients prescribed oral fluoroquinolone antibiotics.<sup>3</sup>

We reviewed relevant documents. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 4. Fluoroquinolones**

<b>NM</b>	<b>Areas Reviewed</b>	<b>Findings</b>
X	Clinicians documented the medication reconciliation process that included the fluoroquinolone.	We did not find documentation that medication reconciliation included the newly prescribed fluoroquinolone in 5 (13 percent) of 40 patient EHRs.
X	Written information on the patient's prescribed medications was provided at the end of the outpatient encounter.	We did not find documentation that 11 (28 percent) of 40 patients received written information that included the fluoroquinolone.
X	Medication counseling/education for the fluoroquinolone was documented in the patients' EHRs.	We did not find documentation of medication counseling that included the fluoroquinolone in 7 (18 percent) of 40 patients' EHRs.
X	Clinicians documented the evaluation of each patient's level of understanding for the education provided.	Clinicians did not document the level of understanding for 13 (33 percent) of 40 patients.
	The facility complied with local policy.	

**Recommendations**

5. We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.
6. We recommended that staff consistently provide written medication information that includes the fluoroquinolone.
7. We recommended that staff provide medication counseling/education that includes the fluoroquinolone.
8. We recommended that staff document the evaluation of patient's level of understanding for the medication education.

## DWHP Proficiency

The purpose of this review was to determine whether the facility's CBOCs and PCCs complied with selected DWHP proficiency requirements.<sup>4</sup>

We reviewed the facility self-assessment, VHA and local policies, Primary Care Management Module data, and supporting documentation for DWHPs' proficiencies. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 5. DWHP Proficiency**

<b>NM</b>	<b>Areas Reviewed</b>	<b>Findings</b>
	CBOC and PCC DWHPs maintained proficiency requirements.	
	CBOC and PCC DWHPs were designated with the WH indicator in the Primary Care Management Module.	

## CBOC Profiles

This review evaluates the quality of care provided to veterans at all of the CBOCs under the parent facility's oversight.<sup>c</sup> The table below provides information relative to each of the CBOCs.

Location	State	Station #	Locality <sup>e</sup>	CBOC Size <sup>f</sup>	Uniques <sup>d</sup>				Encounters <sup>d</sup>			
					MH <sup>g</sup>	PC <sup>h</sup>	Other <sup>i</sup>	All	MH <sup>g</sup>	PC <sup>h</sup>	Other <sup>i</sup>	All
East El Paso (El Paso County)	TX	756GB	Urban	Mid-Size	937	3,508	2,111	4,161	2,842	7,608	4,070	14,520
Las Cruces	NM	756GA	Urban	Mid-Size	1,070	2,770	1,970	3,290	5,561	6,515	6,386	18,462

<sup>c</sup> Includes all CBOCs in operation before March 31, 2013.

<sup>d</sup> Unique patients and Total Encounters – Source: MedSAS outpatient files; completed outpatient appointments indicated by a valid stop code during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

<sup>e</sup> [http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013\\_Q1\\_VAST.xlsx](http://vaww.pssg.med.va.gov/PSSG/DVDC/FY2013_Q1_VAST.xlsx)

<sup>f</sup> Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

<sup>g</sup> Mental Health includes stop codes in the 500 series, excluding 531 and 563, in the primary position.

<sup>h</sup> Primary Care includes the stop code list in the primary position: 323 – Primary Care; 322 – Women's Clinic; 348 – Primary Care Group; 350 – Geriatric Primary Care; 531 – MH Primary Care Team-Individual; 563 – MH Primary care Team-Group; 170 – Home Based Primary Care (HBPC) Physician.

<sup>i</sup> All other non-Primary Care and non-MH stop codes in the primary position.

## CBOC Services Provided

In addition to primary care integrated with WH and Mental Health care, the CBOCs provide various specialty care, ancillary, and tele-health services. The following table lists the services provided at each CBOC.<sup>j</sup>

<b>CBOC</b>	<b>Specialty Care Services<sup>k</sup></b>	<b>Ancillary Services<sup>l</sup></b>	<b>Tele-Health Services<sup>m</sup></b>
East El Paso (El Paso County)	---	Rehabilitation Electrocardiography Diabetic Retinal Screening	Tele Primary Care
Las Cruces	Anti-Coagulation Clinic	Social Work Electrocardiography Rehabilitation Diabetic Retinal Screening Nutrition	Tele Primary Care

<sup>j</sup> Source: MedSAS outpatient files; the denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count  $\geq 100$  encounters during the July 1, 2012, through June 30, 2013, timeframe at the specified CBOC.

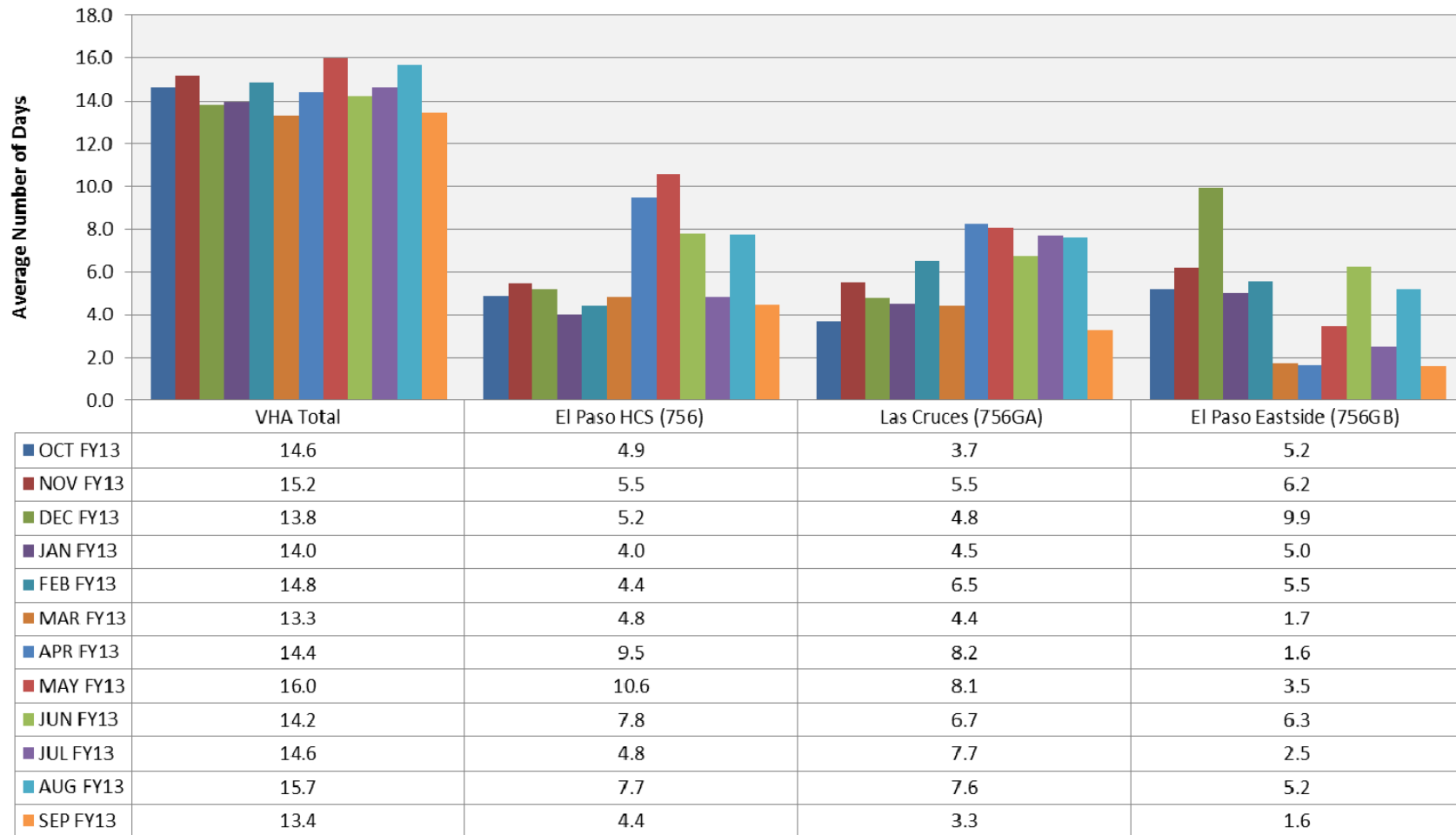
<sup>k</sup> Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

<sup>l</sup> Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

<sup>m</sup> Tele-Health Services refer to services provided under the VA Telehealth program (<http://www.telehealth.va.gov/>)

## PACT Compass Metrics

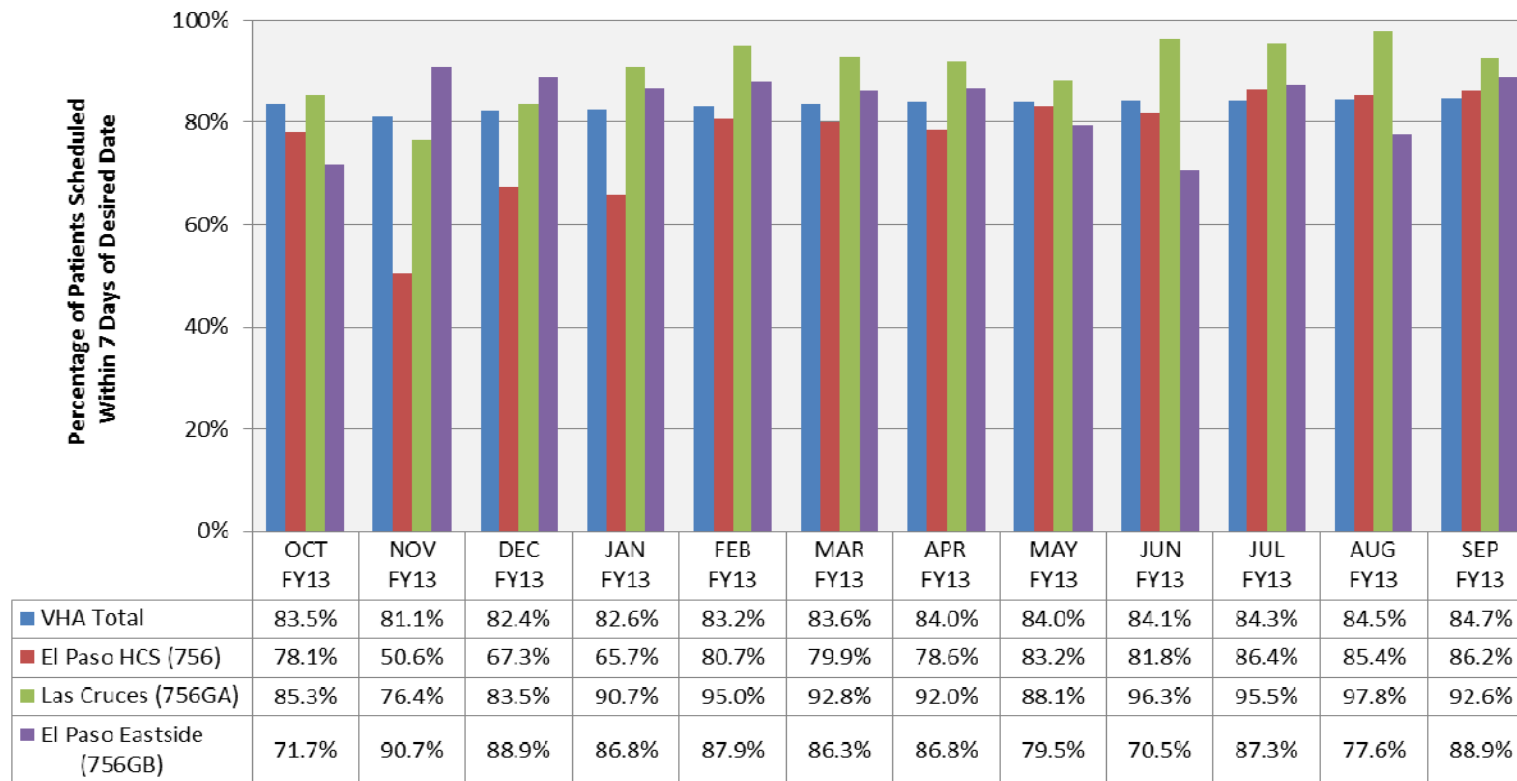
### FY 2013 Average 3rd Next Available in PC Clinics



**Data Definition.**<sup>5</sup> The average waiting time in days until the next third open appointment slot for completed primary care appointments in stop code 350. Completed appointments in stop code 350 for this metric include completed appointments where a 350 stop code is in the primary position on the appointment or one of the telephone stop codes is in the primary position, and 350 stop code is in the secondary position. The data is averaged from the national to the division level.

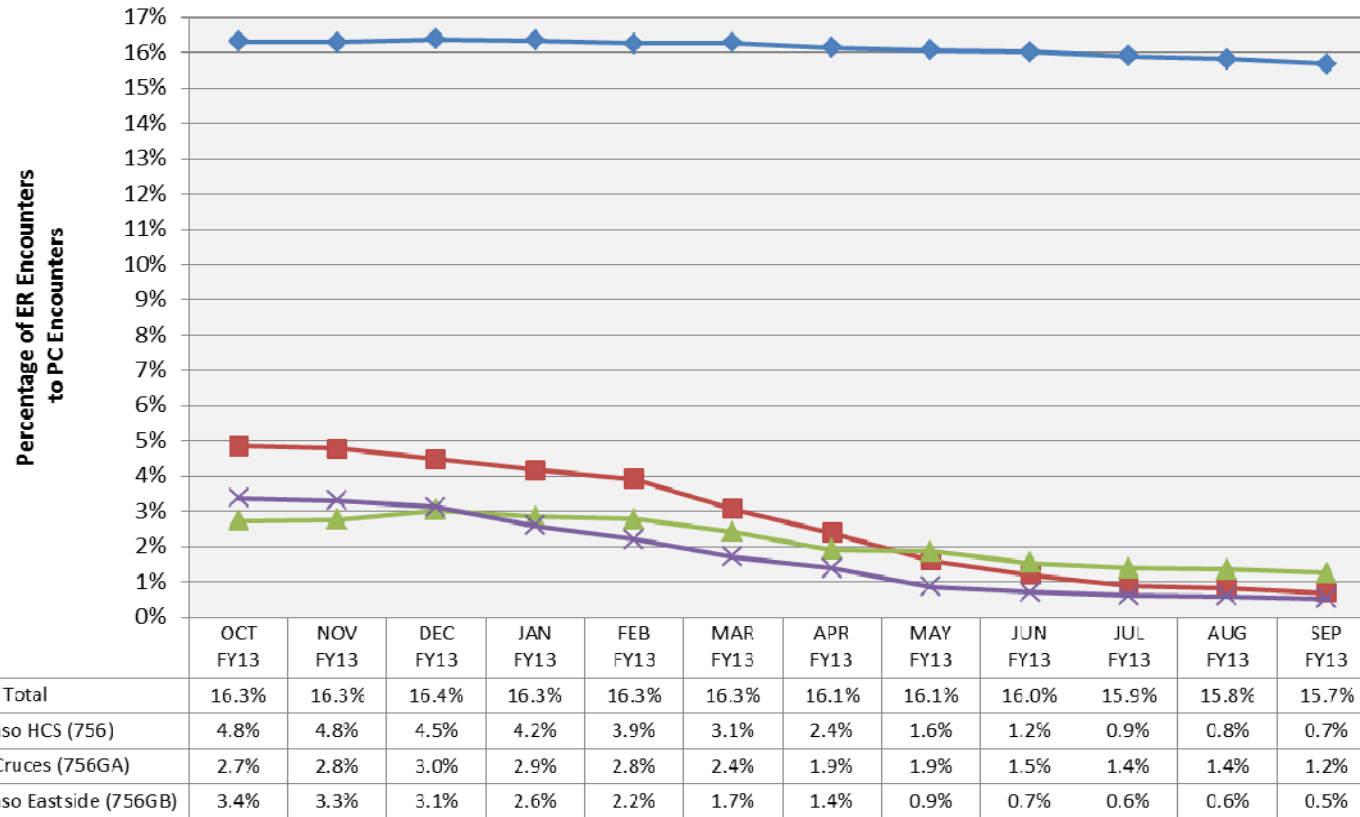


## FY 2013 Established PC Prospective Wait Times 7 Days

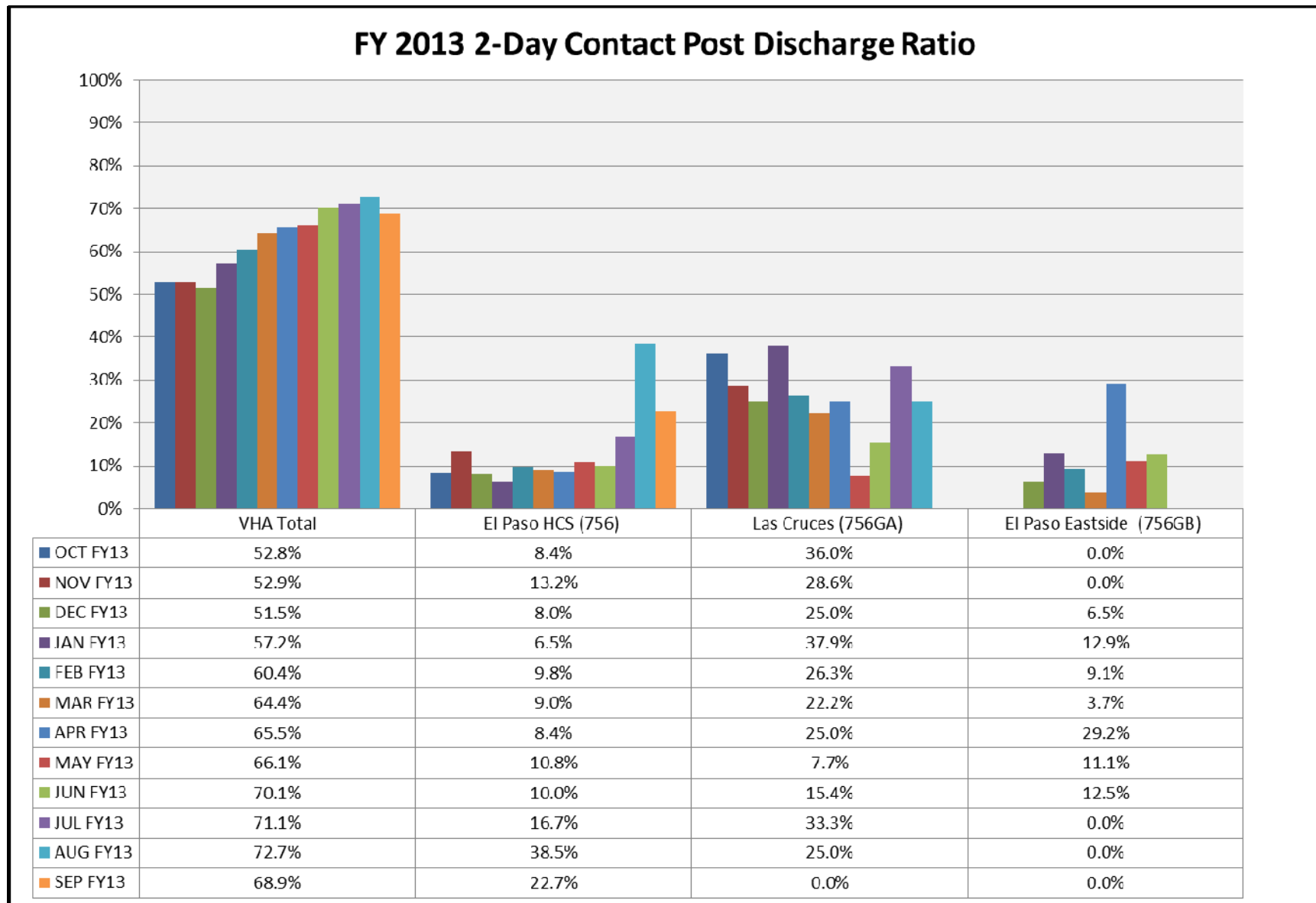


**Data Definition.**<sup>5</sup> The percent of patients scheduled within 7 days of the desired date. Data source is the Wait Times Prospective Wait Times measures. The total number of scheduled appointments for primary care-assigned patients in primary care clinics 322, 323 and 350. Data is collected twice a month on the 1st and the 15th. Data reported is for the data pulled on the 15th of the month. There is no FY to date score for this measure.

### FY 2013 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



**Data Definition.**<sup>5</sup> This is a measure of where the patient receives his or her primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER Encounters WOP (including FEE ER visits) *divided by* the number of primary care encounters WOP with the patient's assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER Encounters (including FEE ER visits) WOP plus the number of primary care encounters WOP with a provider other than the patient's PCP/AP.



**Data Definition.**<sup>5</sup> Total Discharges Included in 2-day Contact Post Discharge Ratio: The total VHA and FEE Inpatient Discharges for assigned primary care patients for the reporting timeframe. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric.

## VISN Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

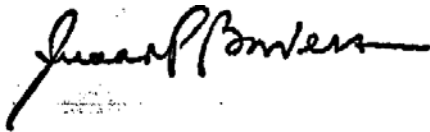
**Date:** April 9, 2014

**From:** Network Director, VA Southwest Health Care Network  
(10N18)

**Subject:** **CBOC and PCC Reviews at El Paso VA Health Care  
System, El Paso, TX**

**To:** Director, San Diego Office of Healthcare Inspections (54SD)  
  
Director, Management Review Service (VHA 10AR MRS  
OIG CAP CBOC)

1. I have reviewed and concur with the findings and recommendations in the report of the CBOC and PCC Reviews at El Paso VA Health Care System, El Paso, Texas.
2. If you have any questions or concerns, please contact Robert Baum, Executive Officer to the Network Director, VISN 18, at (480) 397-2777.



Susan P. Bowers

## Facility Director Comments

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** March 26, 2014

**From:** Director, El Paso VA Health Care System (756/00)

**Subject:** **CBOC and PCC Reviews at El Paso VA Health Care System, El Paso, TX**

**To:** Network Director, VA Southwest Health Care Network (10N18)

1. I have reviewed and concur with the findings and recommendations in the report of the CBOC and PCC Reviews at El Paso VA Health Care System, El Paso, Texas.
2. Corrective action plans have been established, with some being already implemented, and target completion dates have been set for the remaining items as detailed in the attached report.

  
John A. Mendoza

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

### **OIG Recommendations**

**Recommendation 1.** We recommended that external signage clearly identifies the building as a VA CBOC at the Eastside El Paso CBOC.

Concur

Target date for completion: June 2014

Facility response: A purchase order for signage was placed on March 12, 2014. Installation is being coordinated between the vendor and Facility Support Service representative.

**Recommendation 2.** We recommended that testing of the panic alarm system is documented at the Eastside El Paso CBOC.

Concur

Target date for completion: Completed.

Facility response: Monthly panic alarm testing has been conducted and documented since November 2013. Effective March 2014, this information is reported monthly to the Safety and Environment of Care Committee as reflected in the meeting minutes from March 18, 2014 meeting.

**Recommendation 3.** We recommended that CBOC/Primary Care Clinic staff consistently document the offer of further treatment to patients diagnosed with alcohol dependence.

Concur

Target date for completion: June 2014

Facility response: An action plan has been developed and implemented. Clinical record reviews begin March 31, 2014 and will be reported to Quality Board for oversight until improvements have been achieved and sustained.

**Recommendation 4.** We recommended that CBOC/Primary Care Clinic staff document a plan to monitor the alcohol use of patients who decline referral to specialty care.

Concur

Target date for completion: Completed

Facility response: An action plan has been developed and implemented. Clinical record reviews begin March 31, 2014, and will be reported to Quality Board for oversight until improvements have been achieved and sustained.

**Recommendation 5.** We recommended that staff document that medication reconciliation was completed at each episode of care where the newly prescribed fluoroquinolone was administered, prescribed, or modified.

Concur

Target date for completion: June 2014

Facility response: Process changes were implemented in February, 2014. Pharmacy Service is monitoring compliance and will report to Pharmacy and Therapeutics Committee for oversight until improvements have been achieved and sustained.

**Recommendation 6.** We recommended that staff consistently provide written medication information that includes the fluoroquinolone.

Concur

Target date for completion: June 2014

Facility response: Process changes were implemented in February, 2014. Pharmacy Service is monitoring compliance and will report to Pharmacy and Therapeutics Committee for oversight until improvements have been achieved and sustained.

**Recommendation 7.** We recommended that staff provide medication counseling/education that includes the fluoroquinolone.

Concur

Target date for completion: June 2014

Facility response: Process changes were implemented in February, 2014. Pharmacy Service is monitoring compliance and will report to Pharmacy and Therapeutics Committee for oversight until improvements have been achieved and sustained.

**Recommendation 8.** We recommended that staff document the evaluation of patient's level of understanding for the medication education.

Concur

Target date for completion: June 2014

Facility response: Process changes were implemented in February, 2014. Pharmacy Service is monitoring compliance and will report to Pharmacy and Therapeutics Committee for oversight until improvements have been achieved and sustained.



## OIG Contact and Staff Acknowledgments

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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U.S. Senate: John Cornyn, Ted Cruz, Martin Heinrich, Tom Udall  
U.S. House of Representatives: Pete Gallego, Beto O'Rourke, Steve Pearce

This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

<sup>1</sup> References used for the EOC review included:

- US Access Board, *Americans with Disabilities Act Accessibility Guidelines (ADAAG)*, September 2, 2002.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, August 14, 2002.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.
- VA Directive 0324, *Test, Training, Exercise, and Evaluation Program*, April 5, 2012.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Emergency Management Program Guidebook*, March 2011.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Environmental Rounds*, March 5, 2007.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1850.05, *Interior Design Operations and Signage*, July 1, 2011.

<sup>2</sup> References used for the AUD review included:

- National Center for Health Promotion and Disease Prevention (NCP), Veteran Health Education and Information (NVEI) Program, *Patient Education: TEACH for Success*. Retrieved from [http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER\\_Prevention\\_News\\_Winter\\_2012\\_2\\_013\\_FY12\\_TEACH\\_MI\\_Facilitator\\_Training.asp](http://www.prevention.va.gov/Publications/Newsletters/2013/HealthPOWER_Prevention_News_Winter_2012_2_013_FY12_TEACH_MI_Facilitator_Training.asp) on January 17, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

<sup>3</sup> References used for the Medication Management review included:

- VHA Directive 2011-012, *Medication Reconciliation*, March 9, 2011.
- VHA Directive 2012-011, *Primary Care Standards*, April 11, 2012.
- VHA Handbook 1108.05, *Outpatient Pharmacy Services*, May 30, 2006.
- VHA Handbook 1108.07, *Pharmacy General Requirements*, April 17, 2008.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2013.

<sup>4</sup> References used for the DWHP review included:

- VHA Deputy Under Secretary for Health for Operations and Management, Memorandum: *Health Care Services for Women Veterans*, Veterans Health Administration (VHA) Handbook 1330.01; Women's Health (WH) Primary Care Provider (PCP) Proficiency, July 8, 2013.
- VHA Handbook 1330.01 *Health Care Services for Women Veterans*, May 21, 2010.
- VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>5</sup> Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, August 29, 2013.